

tacit and express consent and the problems of coercion and “sufficient information”.

In Euthanasia—slippery slope or mercy killing, Marny Prouse, a sociologist, director of nursing at a hospice, with a BA in law and now a risk and litigation manager, has written an excellent essay on the euthanasia debate, and finally urges us “to research and practise our arguments and beliefs so that we can be comfortable and credible when moral questions about the end of life are discussed”.

The final chapter on Teaching ethics in the practice setting by Rachel Burman, a consultant in palliative medicine, emphasises that medical ethics involves many disciplines, including behavioural sciences, law, theology, and philosophy, as well as medicine. The teaching of medical ethics is ideally done, she says, in multidisciplinary groups with sensitive and detailed discussion of real life ethical dilemmas, with both philosophers and clinicians facilitating. In the USA ethical committees are commonplace in hospitals, where there is often a resident ethicist on the staff to help with difficult clinical cases, developing policies, and education. In the UK ethical committees have been largely restricted to looking at research protocols, but the development of clinical ethical committees to act as a forum and resource for managing difficult clinical dilemmas is accelerating.

Several of these chapters contain helpful clinical case histories, but the next edition of this useful book should contain another chapter, written by a clinical ethicist, with a collection of clinical cases and scenarios based on those discussed by ethical committees, together with a discussion of some of the key areas of debate that they raised. This would demonstrate this powerful teaching method and would also provide some relevant practical material for teams and trusts that are trying to set up their own ethical committees.

P Kaye

Life and Death in Healthcare Ethics: A Short Introduction

H Watt. Routledge, 2000, £7.99, vii + 97pp. ISBN 0-415-21574-9

This is a compact, nicely written book that provides a rejuvenating alternative to the utilitarian orthodoxy that dominates contemporary bioethics. There is currently a dearth of bioethical literature presenting what might be called a more traditional approach to medicine and health care. This contribution is a short and useful introduction to such an approach.

The book announces itself as being written with “both the general reader and students and professionals in medicine, nursing, law, philosophy and related areas in mind”. Accordingly, it assumes no prior knowledge of ethics. It gives a neat introductory overview of some ethical concerns raised by reproduction, death, and dying. The issues considered include euthanasia and withdrawal of treatment, the persistent vegetative state, abortion, cloning, and in vitro fertilisation.

By beginning the early chapters with a real-life case, Watt captures the interest of the reader. The case is introduced and discussed dispassionately. It is then employed as a springboard for a general discussion of principles often thought dry and difficult. Newcomers to the study of ethics will be pleasantly surprised.

In the first chapter—for example, the *Arthur* case is introduced as a context for discussing putative distinctions between killing

and letting die, and intending and foreseeing; approaches to homicide suggested by competing ethical theories are also covered. In the second chapter, the *Bland* case is analysed and philosophical concepts such as that of “personhood” are discussed. Watt considers the notion of life as good in itself and raises questions about the social significance of tube feeding. The *Cox* case, in chapter 3, elicits a discussion of concepts such as that of a worthless life, the oft-misunderstood principle of double effect, and questions of autonomy. In this chapter, Watt introduces a concept she calls “lethal bodily invasion”. Even if a Nazi doctor did not care whether his victims survived his experimentation on them, the doctor’s intention to invade their bodies in a way he knew would do them no good, but only lethal harm, would be enough to identify his course of action as grossly immoral. This is plausible enough in the context Watt suggests. In order to test her principle as outlined, however, Watt needs to examine other situations where the principle of double effect is often employed.

The principle of double effect is often raised in the context of self defence, defence of a third party, and war. Clearly, the book is an analysis of health care ethics. A broad discussion of defensive action is well beyond its scope; however, it is profitable to analyse like cases where the principle of double effect is often summoned as a justification for deaths not intended but foreseen. If a mentally disordered man, or child for that matter, runs amok with a shotgun in a school, is a marksman not justified in shooting to maim? If the aggressor dies, is this lethal bodily invasion impermissible? Would the marksman not be regarded as remiss if he failed to act to prevent the death of the schoolchildren?

The principle suggested by Watt also appears to necessitate the conclusion that even where two patients will die and one is threatening the life of the other unless a doctor intervenes to save one, the doctor is required to do nothing and allow both to die. Such were the circumstances of the recent UK case of the conjoined twins, “Jodie” and “Mary”. It is one thing to say that the doctor *may* decide not to intervene—for example, on the grounds that he wants to respect the parents’ wishes: it is quite another to say that it is entirely impermissible to perform life-saving treatment on one twin (even where the parents wish it), in the same way as it is impermissible for the Nazi doctor to use a patient as fodder for experimentation. In the conjoined twins’ case, there are relevant moral differences. The immediate aim, not merely the further end, of the doctor in performing the operation is to save the life of one of the children. The Nazi doctor, by contrast, has the saving of lives as, at best, his further end. It is worth remembering too that by Watt’s own account, sometimes omissions to act to save a patient can be wrongful. And one begins to wonder whether the requirement that a doctor refrain, on moral grounds, from treating either of the patients destined for certain imminent death is not moral reasoning gone awry.

Chapter 3 is followed by brief explorations of the controversial topics of abortion and embryo destruction. The final chapter looks at the question of moral disagreement and conscientious objection. It is a reminder, if any be needed, of the practical nature of moral theory.

It is the book’s simplicity that leads me to believe that it will be read eagerly by students from a range of different disciplines. The layout and typographical style make the book particu-

larly accessible. There is a comprehensive index and bibliography. If I have a criticism, it is that the book could have been longer. However, for those who want a basic text to introduce them to life and death issues in bioethics, this is a most welcome contribution.

J Laing

Medical Ethics, 3rd edn.

A Campbell, G Gillett, G Jones. Oxford University Press, 2001, £19.95, pp 297. ISBN 0 19 558445 7

Medical Ethics, to quote the authors, is intended as a practical introduction to the ethical questions doctors and other health professionals meet. The book is divided into three main sections, Foundations, Clinical ethics and Medicine and society; each section is further subdivided into topics dealt with in a single chapter.

The first section deals very well with the basic background and theories of ethics and does not lay too much stress on the well established “four principles” (chs 1 and 2). I have rarely read such a seamless introduction to the underlying principles of medical ethics and teachers would do well to read this. Later chapters in this section deal with diverse cultures (ch 3) and the human body (ch 4). Of particular note here is the excellent treatment given to information, consent, confidentiality, and truthfulness; there is much to be gained here by the book’s intended audience. The chapter on the human body seems unusual in a book of this type, but is a well argued discussion of how the human body, both alive and dead, should be treated. This chapter also encompasses the topics of postmortem examinations and biopsies both of which are in the public mind at present; this discussion is clear and full of “common sense” and if taken to heart would, hopefully, avoid further public outcries on the matter of retained organs and biopsies. The discussion of the ethical problems of mixed cultures is an unexpected inclusion and there is reliance on more contemporary philosophy rather than on traditional arguments. The New Zealand background of the original edition shows through most obviously in this chapter but this does not detract from the arguments put forward.

The “meat” of the book, however, is in the second section (142 pages out of a total of 297). The “standard” topics of genetics, prenatal problems, birth, organ transplantation, AIDS, euthanasia, and brain death are all dealt with well and clearly, especially transplantation. The general format of the chapters is to briefly discuss the medical problems and then to introduce the ethical dimension. This ensures that a reader not familiar with a certain topic is reminded of the problems before entering into the ethical discussion. The chapters on genetics and ending human lives are particularly good in this respect. Two topics not commonly found in introductory texts are included in this section, namely, psychiatry and the problems with aging and dementia. Both are discussed sensitively and with compassion and are welcome inclusions in a text of this type.

The final section covers research ethics, justice, law and “trying new things”. This rather broad area is dealt with excellently and the rather oddly named chapter on “Trying new and unusual things” is highly recommended reading for anyone wishing to introduce new treatments (medical or surgical).

Overall, the book is well organised and, while it is an introductory text, there are ample references to sustain the authors’ arguments and for further reading. Case studies